

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FP1 STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 04 / 2016	
Mailing Address PO BOX 16504		Amount 9000.00	
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24.581
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 04 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1128589.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 17 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 250.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.600
Purpose of Expenditure EMAIL MARKETING EXPENSE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016
Name of Federal Candidate CATHERINE CORTEZ MASTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1128589.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
05 / 18 / 2016

Signature